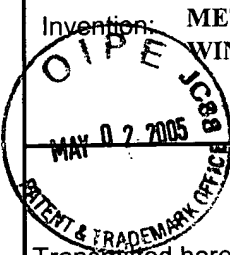

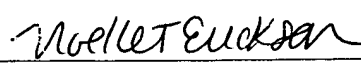


27a

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)			Docket No.	
Applicant(s): LAMYAA ABDEL-ALLE EL-GABRY ET AL.			143562-1	
Application No. 10/707,911	Filing Date 1/23/2004	Examiner H. NGUYEN	Customer No. 23413	Group Art Unit 2834
Invention: METHOD AND APPARATUS FOR REDUCING HOT SPOT TEMPERATURES ON STACKED FIELD WINDINGS				
<p>I hereby certify that this <u>Amendment Transmittal (1) pg; Amendment (11) pgs and Replacement Drawing (1) pg</u> (Identify type of correspondence)</p> <p>is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>APRIL 28, 2005</u> (Date)</p> <p><u>NOELLE T. ERICKSON</u> (Typed or Printed Name of Person Mailing Correspondence)</p> <p><u>Noelle T Erickson</u> (Signature of Person Mailing Correspondence)</p>				
<p>Note: Each paper must have its own certificate of mailing.</p> <div></div>				

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 143562-1	
Applicant(s): LAMYAA ABDEL-ALLE EL-GABRY ET AL.					
Application No. 10/707,911	Filing Date 1/23/2004	Examiner H. NGUYEN	Customer No. 23413	Group Art Unit 2834	Confirmation No. 1910
Invention: METHOD AND APPARATUS FOR REDUCING HOT SPOT TEMPERATURES ON STACKED FIELD WINDINGS					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	22 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: APRIL 28, 2005		
Chad L. Thorson Registration No. 55,675 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Customer No. 23413			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;">4/28/2005</div> <div style="text-align: center;">(Date)</div> <div style="text-align: center;">  Signature of Person Mailing Correspondence </div> <div style="text-align: center;"> NOELLE T. ERICKSON Typed or Printed Name of Person Mailing Correspondence </div> </div>		
CC:					